## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE

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BIRCH STEWAL PO BOX 747 FALLS CHURCH,	Block 1)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.					
	- (	7				(Depositor's name)	
	<b>(</b>	JUN 2 4 2003 😸				(Signature)	
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APPLICATION NO.	FILING DATE	I TRADEMARY	RST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/893,573	06/29/2001	James Ching Sik Lau		au	1928-0120P-SP	5123	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBL	ICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1300	\$300		\$1600	06/24/2003	
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EXAMINER		ART UNIT CLASS-SUBCL					
LE, DANG D		2834	310-234000				
1. Change of corresponden CFR 1.363).  Change of corresponde Address form PTO/SB/12  "Fee Address" indication PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  BIRCH, STEWART, KOLASCH  2  2  3  3  3  3  3  4  3  4  4  5  5  6  7  7  8  8  8  8  8  8  8  8  8  8  8						
3. ASSIGNEE NAME AND PLEASE NOTE: Unless as been previously submitted (A) NAME OF ASSIGNED Johnson Electr	n assignee is identified be to the USPTO or is being s	low, no assignee data v submitted under separat (B) R	vill appear on the partie cover. Completic ESIDENCE: (CIT)	• • •	,	ite when an assignment has gnment.	
Please check the appropriate	assignee category or categ	gories (will not be printe	ed on the patent)	🗖 individual 🤉	corporation or other private g	group entity   government	
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check in the amount of the fee(s) is enclosed.							
Payment by credit card. Form PTO-2038 is attached.  XXAdvance Order - # of Copies							
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